

**COMMONWEALTH OF KENTUCKY**  
**Instructions for Obtaining a Kentucky State ABC License**

**W**

**REQUIREMENTS:**

- a. You must be at least 21 years of age to apply.
- b. You must be a Ky. Resident for the past year unless you apply as a corporation, LLC or Ltd. Partnership.
- c. You must be a citizen of the US unless you apply as a corporation, LLC or Ltd. Partnership ownership.
- d. Individuals, partners, officers, directors or managers may not apply if, within the past 5 years, they have been convicted of any felony; or within the past 2 years have been convicted of any alcohol or controlled substance misdemeanor.

STEP 1. You must advertise your intention to apply for an ABC license(s) one time in a newspaper of general circulation in the area where the premises to be licensed is located. An officer of the newspaper must complete the affidavit of publication, which is enclosed. The completed affidavit and clipping must be attached to your application.

STEP 2. Answer all questions and have the form notarized. Incomplete or deficient applications delay processing and your application may be returned.

STEP 3. Attach a **certified check, cashier check, or money order payable to: Kentucky State Treasurer** for your application fee(s). See the attachment to determine the appropriate amount due based on license type and premises location.

**WE MAY NOT ACCEPT CASH BY MAIL OR HAND DELIVERY!!!!!!**

STEP 4. All applicants are responsible for providing a recent copy (no more than 30 days old) of a **statewide** police criminal background check from all states where you have resided for the past (5) years. Attached are instructions on how to obtain a statewide criminal background check. For Kentucky dial (800) 928-6381 or go to [www.kycourts.ky.gov](http://www.kycourts.ky.gov)

STEP 5. If you apply as a corporation, limited partnership, or limited liability company, attach a copy of your articles of incorporation, partnership papers, or organizational papers from the Secretary of State. Your company must be approved to do business in the state of Kentucky and in good standing with the Kentucky Secretary of State's Office.

STEP 6. If you own the real estate where you proposed to sell alcoholic beverages, please attach a copy of a valid deed on file with the County Clerk. If you do not own the real estate where you are proposing to sell alcoholic beverages, please provide a copy of a current and fully executed lease. (Land contracts are not acceptable).

STEP 7. Contact the Kentucky Revenue Cabinet at (502) 564-3306 to obtain the proper Kentucky sales tax numbers for your business. Your license will not be issued without these numbers.

STEP 9. Attach any other required affidavits such as: fire marshal certificate of seating capacity for restaurants; surety bonds for manufacturers and wholesalers, etc... Your Schedule(s) will list any attachments you need to make.

STEP 10. Take your application to your local ABC administrator and obtain their signature of approval on your state application. There may be local requirements and fees in addition to this state application you must meet. The longer your state application sits in the local office pending approval the longer it will take the state ABC to process your application. Therefore, it is to your advantage to forward your state application to Frankfort as soon as possible. Visit our web site for a list of the Local Administrator in your area at <http://abc.ky.gov/>

**(TIME)** New licenses take the State ABC Office approximately 30 – 60 days to process. If your license is not issued for any reason, you must submit a **written request for a refund**. The Office will retain \$50 of your application fee for processing costs.

**If you have any questions or need assistance, please contact our Office or visit our web site.**

**FRANKFORT:** Dept. of Alcoholic Beverage Control <http://abc.ky.gov>  
1003 Twilight Trail  
Frankfort, KY 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax

**(FEDERAL LICENSE)** You are required to obtain a Federal "Special Occupational Tax" Stamp or a "Federal Basic Permit" from the Alcohol and Tobacco Tax and Trade Bureau (**TTB**).  
Forms and instructions are available on line at [www.ttb.gov](http://www.ttb.gov)  
By e-mail at: [ttbtaxstamp@ttb.gov](mailto:ttbtaxstamp@ttb.gov)  
By mail or in person listed below:

Federal Alcohol and Tobacco Tax and Trade Bureau  
National Revenue Center, Suite 8002  
550 Main St., Cincinnati, Ohio 45202-5215  
(513) 684-3334 Cincinnati number  
(1-800-937-8864)

Commonwealth of Kentucky  
**Department of Alcoholic Beverage Control**  
1003 Twilight Trail  
Frankfort, Ky. 40601  
  
(502) 564-4850 phone  
(502) 564-1442 fax

**HOW TO OBTAIN YOUR  
STATE CRIMINAL HISTORY INFORMATION GO TO THE TELEPHONE NUMBER OF WEB LINK BELOW**

**Alabama** 334-353-1172 [www.dps.state.al.us/public/abi/cic.asp](http://www.dps.state.al.us/public/abi/cic.asp)

**Alaska** 907-269-5767 [www.dps.state.ak.us/statewide/background/index.asp](http://www.dps.state.ak.us/statewide/background/index.asp)

**Arizona** 602-223-2222 [www.azdps.gov/reports/fingerprint/faq/default.asp](http://www.azdps.gov/reports/fingerprint/faq/default.asp)

**Arkansas** 501-618-8500 [www.asp.state.ar.us/demo/criminal/help\\_p2.php#122](http://www.asp.state.ar.us/demo/criminal/help_p2.php#122)

**California** Please contact our office for information.

**Colorado** 303-239-4208 <https://www.cbirecordscheck.com>

**Connecticut** 860-685-8480 [www.state.ct.us/dps/spbi.htm](http://www.state.ct.us/dps/spbi.htm)

**Delaware** Please contact our office for information.

**Florida** 850-410-8109 [www.fdle.state.fl.us/CriminalHistory/](http://www.fdle.state.fl.us/CriminalHistory/)

**Georgia** 404-986-5000 [www.ganet.org/gbi/crimhist.html](http://www.ganet.org/gbi/crimhist.html)

**Hawaii** 808-587-3100 [www.hawaii.gov/hcjdc/form.htm](http://www.hawaii.gov/hcjdc/form.htm)

**Idaho** 208-884-7130 [www.isp.state.id.us/identification/crime\\_history/index.html](http://www.isp.state.id.us/identification/crime_history/index.html)

**Illinois** 815-740-5160 [www.isp.state.il.us/crime/uciahome.cfm](http://www.isp.state.il.us/crime/uciahome.cfm)

**Indiana** 317-233-2010 [www.in.gov/ai/hr/verification.html](http://www.in.gov/ai/hr/verification.html)

**Iowa** 515-281-4776 [www.state.ia.us/government/dps/dci/crimhist.htm](http://www.state.ia.us/government/dps/dci/crimhist.htm)

**Kansas** 785-296-6518 [www.accesskansas.org/kbi/criminalhistory/](http://www.accesskansas.org/kbi/criminalhistory/)

**Kentucky** 800-928-6381 or 502-573-1682 [www.kycourts.ky.gov](http://www.kycourts.ky.gov) Effective January 19, 2010 all applicants that are Kentucky residents are required to obtain and submit their own Kentucky police record/criminal background check from the Kentucky Administrative Office of the Courts (KAOC). Kentucky ABC will no longer be accepting payment for or requesting criminal background checks on behalf of the applicant. Please go to the AOC website for full instructions on obtaining background checks. <http://www.courts.ky.gov/aoc/AOCFastCheck.htm>

**Louisiana** 225-925-6095 [www.lsp.org/who\\_support.html#criminal](http://www.lsp.org/who_support.html#criminal)

**Maine** 207-624-7240 [www.informe.org/PCR/](http://www.informe.org/PCR/)

**Maryland** 888-795-0011 [www.dpscs.state.md.us/publicservs/bgchecks.shtml](http://www.dpscs.state.md.us/publicservs/bgchecks.shtml)

**Massachusetts** 617-660-4600 <http://www.mass.gov/chsb/>

**Michigan** 517-322-1956 [www.michigan.gov/ichat](http://www.michigan.gov/ichat)

**Minnesota** 651-793-2400 [www.dps.state.mn.us/bca/CJIS/Documents/Page-3-1.html](http://www.dps.state.mn.us/bca/CJIS/Documents/Page-3-1.html)

**Mississippi** Please contact our office for information.

**Missouri** 573-526-6153 [www.mshp.dps.missouri.gov](http://www.mshp.dps.missouri.gov)

**Montana** 406-444-3625 [www.doj.state.mt.us/enforcement/backgroundchecks.asp](http://www.doj.state.mt.us/enforcement/backgroundchecks.asp)

**Nebraska** 402-471-4545 [www.nsp.state.ne.us/findfile.asp?ID=209](http://www.nsp.state.ne.us/findfile.asp?ID=209)

**Nevada** 775-687-1600 [www.nvrepository.state.nv.us/](http://www.nvrepository.state.nv.us/)

**New Hampshire** 603-271-2538 [www.state.nh.us/safety/nhsp/cr.html#criminal](http://www.state.nh.us/safety/nhsp/cr.html#criminal)

**New Jersey** 609-882-2000 ext 2918 [www.state.nj.us/lps/njsp/about/serv\\_chrc.html#background](http://www.state.nj.us/lps/njsp/about/serv_chrc.html#background)

**New Mexico** 505-827-9181 [www.dps.nm.org/faq/record\\_request.htm](http://www.dps.nm.org/faq/record_request.htm)

**New York** 518-485-7675 [www.criminaljustice.state.ny.us/ojis/recordreview.htm](http://www.criminaljustice.state.ny.us/ojis/recordreview.htm)

**North Carolina** [www.nccourts.org/citizens/GoToCourt/Default.asp?topic=1](http://www.nccourts.org/citizens/GoToCourt/Default.asp?topic=1)

**North Dakota** 701-328-5510 [www.ag.state.nd.us/bci/chr/chr.html](http://www.ag.state.nd.us/bci/chr/chr.html)

**Ohio** 740-845-2375 [www.webcheck.ag.state.oh.us](http://www.webcheck.ag.state.oh.us)

**Oklahoma** 405-848-6742 <http://www.osbi.state.ok.us/PublicServices.htm>

**Oregon** [http://egov.oregon.gov/osp/ID/does/crim\\_history.pdf](http://egov.oregon.gov/osp/ID/does/crim_history.pdf)

**Pennsylvania** 717-783-5494 <http://epatch.state.pa.us/Home.jsp>

**Rhode Island** 401-274-4400 <http://www.riag.ri.gov/criminal/bci.php>

**South Carolina** 803-737-9000 [www.sled.state.sc.us/default.htm](http://www.sled.state.sc.us/default.htm)

**South Dakota** 605-773-3331 [dci.sd.gov/administration/id/cch.htm](http://dci.sd.gov/administration/id/cch.htm)

**Tennessee** 304-625-5590 [www.tbi.state.tn.us/divisions/isd\\_riu\\_faqs.htm](http://www.tbi.state.tn.us/divisions/isd_riu_faqs.htm)

**Texas** 512-424-2079 [http://records.txdps.state.tx.us/dps\\_web/APP\\_PORTAL/index.aspx](http://records.txdps.state.tx.us/dps_web/APP_PORTAL/index.aspx)

**Utah** 801-965-4445 [bci.utah.gov/Records/RecOwnRecord.html](http://bci.utah.gov/Records/RecOwnRecord.html)

**Vermont** 802-244-8727 ext 5237 [www.dps.state.vt.us/cjs/recordcheck6.html](http://www.dps.state.vt.us/cjs/recordcheck6.html)

**Virginia** <http://www.vsp.state.va.us/cjis.htm>

**Washington** [watch.wsp.wa.gov/](http://watch.wsp.wa.gov/)

**West Virginia** Please contact our office for information.

**Wisconsin** 608-266-5764 [www.doj.state.wi.us/dles/cib/crimback.asp#Q9](http://www.doj.state.wi.us/dles/cib/crimback.asp#Q9)

**Wyoming** [attorneygeneral.state.wy.us/dci/chc.html](http://attorneygeneral.state.wy.us/dci/chc.html)

**EXAMPLE OF PUBLIC NOTICE  
WHEN APPLYING FOR AN ABC LICENSE**

**KRS 243.360** requires a person to first advertise their intention to apply for these licenses in the newspaper. Please use the following to assist you with this requirement. Place your advertisement in the legal section of the newspaper having the largest circulation for the county or city where your premises will be located.

**YOUR ADVERTISEMENT SHOULD READ AS FOLLOWS:**

**(Fill in the blanks)**

\_\_\_\_\_, Mailing address  
(List the Name of each individual owner(s) or the name of the Corporation, Ltd, or L.L.C. the license will be issued under)

\_\_\_\_\_ Hereby declares intention(s)  
(Include Street, City, State and Zip)

to apply for a \_\_\_\_\_ license(s)  
(List **all license types** you are applying for. (Example), Beer Distributor, Liquor and Wine Wholesaler, Small Farm Winery Wholesaler, and so on...)

(**Be sure** to refer to your ABC Schedule form for a complete list of all the license types you are making application for.)

no later than \_\_\_\_\_, The business to be licensed will be  
(Enter the date you intend to make application to the State ABC)

located at \_\_\_\_\_ Kentucky \_\_\_\_\_.  
(List the **EXACT** street address and city where the ABC license is to be issued) (Zip)

doing business as \_\_\_\_\_  
(List the name of your business (D.B.A.))

**The (owner(s); Principal Officers and Directors; Limited Partners; or Members) are as follows:**

_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code
_____	_____	of _____
Title or position	Name	Home address, city, state and zip code

**Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Dept. of Alcoholic Beverage Control, 1003 Twilight Trail, Frankfort, Ky. 40601-8400, within 30 days of the date of this legal publication. (End of advertisement)**

**Forward a clipping of this advertisement along with the Affidavit of Publication to:**

Kentucky Dept of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax

*Commonwealth of Kentucky*  
**Dept. of Alcoholic Beverage Control**  
**1003 Twilight Trail**  
**Frankfort, Kentucky 40601-8400**

(502) 564-4850 phone  
(502) 564-1442 fax

**GLUE OR  
TAPE  
CLIPPING  
HERE**

**AFFIDAVIT OF PUBLICATION**

**Attesting Publication of Intention to Engage in an**  
**Alcoholic Beverage Business**

The following Affidavit of Publication is to be executed by an officer of the newspaper in which the application advertised, one time before the date of application for an alcoholic beverage license, his/her intention to engage in the business authorized by the license(s) applied for. A clipping of the advertisement must be attached to this Affidavit of Publication.

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Officer at Newspaper) (City) (State)

Being first duly sworn, says that he / she is \_\_\_\_\_  
(Title of Position at Paper)

of the \_\_\_\_\_ a newspaper printed and published in the  
(Name of Newspaper)

State of \_\_\_\_\_ County of \_\_\_\_\_, and having a general circulation in the County of

\_\_\_\_\_, Kentucky, and that the attached advertisement is a true copy and has been

Published in said newspaper on the following date(s): \_\_\_\_\_

Signature of Officer \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public within and for the State and County aforesaid, by

\_\_\_\_\_ to me personally known, this \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_

My Commission expires the \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_

County of \_\_\_\_\_ Notary Public \_\_\_\_\_

***THIS AFFIDAVIT PROPERLY EXECUTED MUST BE ATTACHED TO THE ABC APPLICATION FOR  
LICENSING.***

## **HOW TO FIGURE STATE ABC LICENSE FEES (\$)**

**Revised 01/19/10**

- Pick the County where your premises are to be located from this chart.
- Pick the month you want the license(s) to become effective.
- Which fee will you pay? ☐ A full Year Fee ☐ A half Year Fee
- Go to the back page of your application "Schedule" and find the exact dollar (\$) amount to pay.

County Code	Name of County	Full Years Fee	Half Years Fee
1.	<b>Adair</b>	May – October	November – April
2.	<b>Allen</b>	May – October	November – April
3.	<b>Anderson</b>	July – December	January – June
4.	<b>Ballard</b>	January - June	July - December
5.	<b>Barren</b>	May – October	November – April
6.	<b>Bath</b>	May – October	November - April
7.	<b>Bell</b>	June –November	December - May
8.	<b>Boone</b>	October – March	April – September
9.	<b>Bourbon</b>	July – December	January – June
10.	<b>Boyd</b>	July – December	January – June
11.	<b>Boyle</b>	June –November	December - May
12.	<b>Bracken</b>	July – December	January – June
13.	<b>Breathitt</b>	May – October	November - April
14.	<b>Breckinridge</b>	February – July	August - January
15.	<b>Bullitt</b>	February – July	August – January
16.	<b>Butler</b>	February – July	August – January
17.	<b>Caldwell</b>	April-September	October - March
18.	<b>Calloway</b>	April – September	October – March
19.	<b>Campbell</b>	November – April	May – October
20.	<b>Carlisle</b>	April – September	October – March
21.	<b>Carroll</b>	July – December	January – June
22.	<b>Carter</b>	July – December	January – June
23.	<b>Casey</b>	May – October	November – April
24.	<b>Christian</b>	April – September	October - March
25.	<b>Clark</b>	May – October	November – April
26.	<b>Clay</b>	May – October	November – April
27.	<b>Clinton</b>	May – October	November – April
28.	<b>Crittenden</b>	April – September	October – March
29.	<b>Cumberland</b>	April – September	October – March
30.	<b>Daviess</b>	February – July	August – January
31.	<b>Edmonson</b>	March – August	September – Feb.
32.	<b>Elliott</b>	May – October	November – April
33.	<b>Estill</b>	May – October	November – April
34.	<b>Fayette by zip codes</b>	By zip codes	By zip codes
	40501-40505	October - March	April - September
	40506-40509	November - April	May - October
	40510-41906	December - May	June - November
35.	<b>Fleming</b>	May – October	November – April
36.	<b>Floyd</b>	June – November	December – May
37.	<b>Franklin</b>	July – December	January – June
38.	<b>Fulton</b>	April – September	October – March
39.	<b>Gallatin</b>	July – December	January – June
40.	<b>Garrard</b>	June – November	December – May
41.	<b>Grant</b>	December – May	June – November
42.	<b>Graves</b>	April – September	October – March

## **HOW TO FIGURE STATE ABC LICENSE FEES (\$)**

**Revised 01/19/10**

- Pick the County where your premises are to be located from this chart.
- Pick the month you want the license(s) to become effective.
- Which fee will you pay? ☐ A full Year Fee ☐ A half Year Fee
- Go to the back page of your application "Schedule" and find the exact dollar (\$) amount to pay.

County Code	Name of County	Full Years Fee	Half Years Fee
43.	<b>Grayson</b>	March – August	September - February
44.	<b>Green</b>	March – August	September - February
45.	<b>Greenup</b>	July – December	January - June
46.	<b>Hancock</b>	January – June	July – December
47.	<b>Hardin</b>	February – July	August – January
48.	<b>Harlan</b>	June – November	December – May
49.	<b>Harrison</b>	June – November	December – May
50.	<b>Hart</b>	March – August	September - February
51.	<b>Henderson</b>	March – August	September – February
52.	<b>Henry</b>	July – December	January – June
53.	<b>Hickman</b>	April – September	October – March
54.	<b>Hopkins</b>	May – October	November – April
55.	<b>Jackson</b>	May – October	November – April
56.	<b>Jefferson by zip codes</b>	By Zip Codes	By Zip Codes
	40023	February – July	August - January
	40025 - 40027	March – August	September - March
	40041	June – November	December -May
	40059	March – August	September - January
	40118 - 40177	April – September	October - March
	40201 - 40202	December – May	June – November
	40203 - 40204	November – April	May –October
	40205	February – July	August – January
	40206	October – March	April - September
	40207 - 40209	June – November	December – May
	40210 - 40212	April – September	October – March
	40213 - 40216	March – August	September –February
	40217 - 40218	February – July	August – January
	40219	March – august	September – February
	40220 - 40242	February – July	August – January
	40243 – 40256	March – August	September – February
	40257	June – November	December – May
	40258	October – March	April – September
	40259	March –August	September – February
	40261 – 40266	December – May	June – November
	40268	October – March	April – September
	40269	March – August	September - February
	40270 – 40289	October – March	April – September
	40290 – 40291	November – April	May – October
	40292	June – November	December – May
	40293 – 40298	November – April	May – October
	40299	March – August	September – February
57.	<b>Jessamine</b>	May – October	November – April
58.	<b>Johnson</b>	June - November	December - May
59.	<b>Kenton</b>	December – May	June – November
60.	<b>Knott</b>	May – October	November - April
61.	<b>Knox</b>	June - November	December - May
62.	<b>Larue</b>	March – August	September - February

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County Code	Name of County	Full Years Fee	Half Years Fee
63.	<b>Laurel</b>	June - November	December - May
64.	<b>Lawrence</b>	May - October	November - April
65.	<b>Lee</b>	May - October	November - April
66.	<b>Leslie</b>	May - October	November - April
67.	<b>Letcher</b>	June - November	December - May
68.	<b>Lewis</b>	July - December	January - June
69.	<b>Lincoln</b>	May - October	November - April
70.	<b>Livingston</b>	April - September	October - March
71.	<b>Logan</b>	May - October	November - April
72.	<b>Lyon</b>	April - September	October - March
73.	<b>McCracken</b>	April - September	October - March
74.	<b>McCreary</b>	January - June	July - December
75.	<b>Mc Lean</b>	March - August	September - February
76.	<b>Madison</b>	June - November	December - May
77.	<b>Magoffin</b>	June - November	December - May
78.	<b>Marion</b>	May - October	November - April
79.	<b>Marshall</b>	April - September	October - March
80.	<b>Martin</b>	May - October	November - April
81.	<b>Mason</b>	July - December	January - June
82.	<b>Meade</b>	February - July	August - January
83.	<b>Menifee</b>	May - October	November - April
84.	<b>Mercer</b>	May - October	November - April
85.	<b>Metcalfe</b>	April - September	October - March
86.	<b>Monroe</b>	April - September	October - March
87.	<b>Montgomery</b>	June - November	December - May
88.	<b>Morgan</b>	May - October	November - April
89.	<b>Muhlenberg</b>	May - October	November - April
90.	<b>Nelson</b>	May - October	November - April
91.	<b>Nicholas</b>	July - December	January - June
92.	<b>Ohio</b>	March - August	September - February
93.	<b>Oldham</b>	July - December	January - June
94.	<b>Owen</b>	February - July	August - January
95.	<b>Owsley</b>	May - October	November - April
96.	<b>Pendleton</b>	July - December	January - June
97.	<b>Perry</b>	June - November	December - May
98.	<b>Pike</b>	July - December	January - June
99.	<b>Powell</b>	May - October	November - April
100.	<b>Pulaski</b>	June - November	December - May
101.	<b>Robertson</b>	July - December	January - June
102.	<b>Rockcastle</b>	May - October	November - April
103.	<b>Rowan</b>	July - December	January - June
104.	<b>Russell</b>	May - October	November - April
105.	<b>Scott</b>	July - December	January - June
106.	<b>Shelby</b>	July - December	January - June



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County Code	Name of County	Full Years Fee	Half Years Fee
107.	<b>Simpson</b>	May – October	November - April
108.	<b>Spencer</b>	February – July	August – January
109.	<b>Taylor</b>	May – October	November - April
110.	<b>Todd</b>	May – October	November – April
111.	<b>Trigg</b>	April – September	October – March
112.	<b>Trimble</b>	February – July	August – January
113.	<b>Union</b>	March – August	September - February
114.	<b>Warren</b>	May – October	November - April
115.	<b>Washington</b>	May – October	November – April
116.	<b>Wayne</b>	May – October	November – April
117.	<b>Webster</b>	March – August	September - February
118.	<b>Whitley</b>	June – November	December - May
119.	<b>Wolfe</b>	July – December	January – June
120.	<b>Woodford</b>	July – December	January - June

COMMONWEALTH OF KENTUCKY  
**DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
502.564.4850 phone  
502.564.1442 fax

Site I.D. #

**"BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSES"**

*Applications may be returned if not all questions are answered completely.*

**Leave Blank – For ABC Use Only**

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License# \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

Malt Beverage Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

Distilled Spirits Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

**(A) 1.** Applicant's name(s) or company to be licensed \_\_\_\_\_

DBA (Name of Business) \_\_\_\_\_

Address of premises to be licensed \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ 9 digit zip code \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

Contact person 8:00 am – 4:30 pm \_\_\_\_\_ e-mail address \_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_ Premises phone \_\_\_\_\_

List all ABC Schedule(s) you have attached \_\_\_\_\_ Fee enclosed \$ \_\_\_\_\_

**(B) 2.** Tax numbers (must be issued in the applicant's name).

Ky. Sales & Use Tax # \_\_\_\_\_

Ky. Withholding Tax # \_\_\_\_\_

Ky. Corporate Tax # \_\_\_\_\_

Federal EIN # \_\_\_\_\_

**(C) 3.** List all types of licenses you are applying for \_\_\_\_\_

**4.** What Month do you want your license(s) to become effective? \_\_\_\_\_

**5.** Describe the type of business you will operate and list how you will sell alcoholic beverages. \_\_\_\_\_

Check all boxes that apply: Beer: By the drink only, By the package only, Both by the drink and package.  
Wine Distilled Spirits: By the drink only, By the package only, Both by the drink and package.

**6.** Are you the owner of the real estate where these premises are to be licensed?.....☐ Yes ☐ No

If no, you **must attach** a signed copy of your lease. ABC **will not** issue or renew any license(s) unless this lease extends through the full period of your license expiration date.

List the name of the owner of the premises real estate \_\_\_\_\_ Give date lease expires \_\_\_\_\_

**(D) 7.**

Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

***If additional space is needed, please make an attachment.***

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%

***Please state in section D7 if this is a publicly held company.***

- (E) 8. Is the applicant a corporation, limited partnership, or limited liability company, in good standing with the Ky. Secretary of State?.....☐Yes ☐No  
List the State Incorporated or organized in \_\_\_\_\_  
Attach a copy of your Articles of Incorporation or Articles of Organization.  
If incorporated or organized in another state, attach a Certificate of Authority to do business in Kentucky.
9. Is the entire license fee paid by the applicant and by no other person?.....☐Yes ☐No
10. Are the premises to be licensed located within an incorporated city or town?.....☐Yes ☐No  
If yes, list the name of the city or town \_\_\_\_\_
11. Have you ever been licensed to sell alcoholic beverages?.....☐Yes ☐No  
If yes, give the name of the state and license number(s) \_\_\_\_\_  
If in Kentucky, are you transferring this license to a new location?.....☐Yes ☐No
12. Does anyone named in section D 7 of this application have any interest in any kind of alcoholic beverage business or the premises of any alcoholic beverage business other than that for which you are herein applying?.....☐Yes ☐No  
If yes, describe the interest(s) \_\_\_\_\_
13. Has the applicant or any person named in section D 7 been convicted of any felony in the past five (5) years or been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years?.....☐Yes ☐No  
If yes, **you must attach a statement** giving a full explanation, including date(s) of conviction(s).
14. Has a license been suspended or revoked or denied for the premises to be licensed or any person named in section D7 of this Application herein? If yes, attach a statement giving a full explanation, including dates of suspension, revocation, or denial.....☐Yes ☐No
15. Are the premises to be licensed and the entrance located on the street level?.....☐Yes ☐No  
If no, is the business a hotel, club or restaurant?.....☐Yes ☐No
16. a. Have the premises applied for been licensed to sell alcoholic beverages in the past twelve months?.....☐Yes ☐No  
b. Are the premises currently licensed?.....☐Yes ☐No  
c. If yes, give the Kentucky License number (s) \_\_\_\_\_  
d. Is the license being transferred to you?.....☐Yes ☐No  
e. Are you acquiring an interest in the existing business?.....☐Yes ☐No  
If yes, check all the following boxes that apply to you. ☐ Inventory ☐ Fixtures and Equipment ☐ Ownership by purchase of shares  
☐ Ownership by purchase of assets ☐ Leases ☐ Other \_\_\_\_\_

**(F) 17. THE SELLER SHOULD COMPLETE THIS SECTION IF QUESTION# 16 HAS BEEN ANSWERED "YES" OR IF SOMEONE IS TRANSFERRING THEIR LICENSE (S) TO YOU.**

I (we), \_\_\_\_\_ the seller(s) or owner(s) of the business known  
(Enter the **exact name(s)** that appears on the current license(s))

as \_\_\_\_\_ located at \_\_\_\_\_ Kentucky, am the holder of a  
☐ Malt Beverage (beer) ☐ Liquor by Drink ☐ Liquor by Package ☐ \_\_\_\_\_ (other) license(s). The license number(s) is  
(are) \_\_\_\_\_. I hereby represent that I have agreed to convey all license privileges (permitted by law) to  
\_\_\_\_\_. I (we) understand that I (we) **may not** relinquish control of the business,  
(Enter the **exact name(s)** that is applying to become the new licensee)  
premises, or my interest in the licenses until such time as the buyer's application has been approved by the Office of Alcoholic Beverage Control.

**Signature of Seller** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(If a partnership, all partners **must sign**. If a corporation, only one officer **must sign**)  
Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My Commission expires \_\_\_\_\_  
Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
(Canadian applicants are exempt from this notary requirement)

**(G) 18. AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE (S)**

I, \_\_ (print your name here) \_\_\_\_\_, do hereby swear or affirm that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information and belief. I further agree that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Department of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I also swear or affirm that no persons listed in Section D-7 of this application are in default of a repayment obligation, such as a student loan repayment, under any financial program administered by a Kentucky Higher Education Assistance Authority (KHEAA). KRS 164.772.

**Signature of Buyer or New Applicant** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My Commission expires \_\_\_\_\_  
Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
(Canadian applicants are exempt from this notary requirement)

KY ABC-Remittance Form  
January 19, 2010

Commonwealth of Kentucky  
**Dept. of Alcoholic Beverage Control**  
1003 Twilight Tr.  
Frankfort, Ky. 40601-8400  
<http://abc.ky.gov/>

(502) 564-4850 Phone  
(502) 564-1442 Fax

*If you are making payment with a credit card or by EFT please provide the following information.*

Print Name (as it appears on credit card) \_\_\_\_\_ Telephone No. \_\_\_\_\_

Billing Address \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date (Month and Year) \_\_\_\_\_

***Check your method of payment***

AMOUNT \$ \_\_\_\_\_.

☐ Visa

☐ MasterCard

☐ Discover

☐ EFT (Bank Name) \_\_\_\_\_, (Routing #) | : \_ \_ \_ \_ \_ | : (Checking Account #) \_ \_ \_ \_ \_ | :

***Reason for your payment***

☐ ABC Licensing ☐ STAR Training ☐ ABC Fine ☐ Tobacco Fine ☐ Open Records Request

Credit or apply this payment to: (Name) \_\_\_\_\_ (DBA) \_\_\_\_\_

Site I.D.# \_\_\_\_\_ License # \_\_\_\_\_ (Phone) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

**SCHEDULE "W"**  
LIQUOR & WINE WHOLESALER AND BEER DISTRIBUTOR NAD  
SMALL FARM WINERY WHOLESALER LICENSE

Site I.D. #

LEAVE BLANK – FOR ABC USE ONLY

License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_

License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_

Malt Beverage Administrator's Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

Distilled Spirits Administrator's Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

(A).  
**Applicant's name(s) or company to be licensed** \_\_\_\_\_

**D.B.A. (Name of Business)** \_\_\_\_\_

**Address of premises to be licensed** \_\_\_\_\_

- (B).
1. Are you applying for a **Beer distributor license** under KRS 243.180?..... ☐ Yes ☐ No
- 1a. Under KRS 244.585(3) no brands of malt beverages may be sold in Kentucky without prior written approval of the brewer and supplier filed with the ABC Office. ABC Form 714 is used by the ABC Office to provide this information.
- 1b. Are your Ky. ABC **"Forms 714"** completed and attached?..... ☐ Yes ☐ No
2. Are you applying for a **Wholesale liquor and wine license** under KRS 243.160?..... ☐ Yes ☐ No  
If yes, KRS 243.400 requires each wholesaler to attach a surety bond in the minimum amount of \$2,000 or an amount equal to three times the monthly tax liability, whichever is less, and up to a maximum amount of \$25,000. Is your surety bond attached?..... ☐ Yes ☐ No
- 2a. Under KRS 244.440 every wholesaler who owns or has an exclusive interest in any particular brands, which are intended for sale or sold in the state, shall register on ABC Form 715 the name of the wholesalers in this state to whom distributing rights have been granted on one or more or all of the brands of distilled spirits or wine officer for sale or sold in this state.  
Are your brand registration ABC **"Forms 715"** completed and attached?..... ☐ Yes ☐ No
- 2b. KRS 243.340 allows a special agent or solicitor license to be issued to a sales representative of liquor and wine wholesalers. Each sales representative must complete a separate application (**Schedule "A"**) and obtain a license before soliciting products in Kentucky.
3. Are you applying for a **Small farm winery wholesale license** under KRS 243.154?..... ☐ Yes ☐ No
- 3a. If yes, is your business to be licensed located outside of Kentucky? ..... ☐ Yes ☐ No
- 3b. If yes, have you attached a copy of the state license where your premises are located?..... ☐ Yes ☐ No
- 3c. Have you attached a copy of your federal license(s) issued by the TTB?..... ☐ Yes ☐ No
- 3d. KRS 244.440 requires every wine supplier (owner) to register with the Ky. State ABC the name of the Kentucky wholesaler to whom distributing rights have been granted. The Ky. ABC office uses ABC form 715 to furnish such information.  
Is your brand registration ABC **"Forms 715"** completed and attached?..... ☐ Yes ☐ No
- 3e. KRS 243.340 allows a special agent or solicitor license to be issued to a sales representative of wine wholesalers. Each sales representative must complete a separate application (**Schedule "A"**) and obtain a license before soliciting products.

(C).

KRS 243.360 requires an applicant to **first advertise** their intention to apply for these licenses in the newspaper. Please use the attached example to assist you with this requirement.

Place your advertisement **once** in the **legal section** of the newspaper having the **largest circulation** for the **county** where your premises will be located. KRS 424.120 and 242.130(1)(b) describes qualified newspapers.

After your advertisement has appeared in the paper, obtain a clipping from the paper and attach the Affidavit of Publication to your ABC application. The **Affidavit of Publication** is enclosed and should be completed by an official of the newspaper where the advertisement appeared.

(D).

I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I incorporate this schedule into my ABC Basic application for a Kentucky alcoholic beverage license. I understand I may not begin to operate with alcohol activity until the Kentucky ABC Office has issued my license(s). I further swear or affirm I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use or and trafficking in alcoholic beverages.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

(E).

***Do not complete this Section (E) if you are applying for a small farm winery wholesale license.***

**OBTAIN SIGNATURE OF LOCAL ABC ADMINISTRATOR'S APPROVAL**

Your Local ABC Administrator must approve this application before it is forwarded to the State ABC.

Take or mail this application schedule, the ABC Basic application, and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Office. This certifies that the applicant(s) herein above named have been approved for the types of license applied for and for the premises above specified.

**SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR \_\_\_\_\_ Date \_\_\_\_\_**

☐ City of \_\_\_\_\_ Administrator (or) the ☐ County of \_\_\_\_\_ Administrator

(F).

***You may now forward this application schedule, the ABC Basic application, all attachments, and your state license fee to:***

KENTUCKY DEPT. OF ALCOHOLIC BEVERAGE CONTROL  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Telephone 502-564-4850  
Fax 502-564-1442  
<http://abc.ky.gov/>

# TYPES OF LICENSE & FEES

Site I.D. #

**Attach a certified check, cashier check, or a money order.**  
**Make payable to: KENTUCKY STATE TREASURER**  
**WE DO NOT ACCEPT CASH!**

LICENSE TYPE	PREFIX	✓	FULL YEAR FEE Pay this amount	HALF YEAR FEE Pay this amount
<b>WHOLESALE LIQUOR AND WINE</b> KRS 243.160	WH	<input type="checkbox"/>	2,000.00	1,000.00
<b>MALT BEVERAGE BEER DISTRIBUTOR</b> KRS 243.180	MD	<input type="checkbox"/>	500.00	250.00
<b>SMALL FARM WINERY WHOLESALE</b> KRS 243.154 and 804 KAR 4:420	SFWW	<input type="checkbox"/>	100.00	50.00

## CHECK LIST

- We do not accept cash!** Have you attached a certified check, cashier check or money order, payable to: Ky. State Treasurer for your License fees? ☐ Yes ☐ No
- Have the buyer and seller (if applicable) signed and had this application notarized? ☐ Yes ☐ No
- Have you answered each question fully and checked the type(s) of license(s) you are applying for? ☐ Yes ☐ No
- Have you signed your application(s) and had your signature notarized? ☐ Yes ☐ No
- Have you secured the signature of approval from your local ABC Administrator on this application? ☐ Yes ☐ No ☐ N/A
- Have you attached a certified copy of your newspaper advertisement for this license? ☐ Yes ☐ No ☐ N/A
- Have you attached articles of incorporation, partnership papers, or other organizational papers? ☐ Yes ☐ No ☐ N/A
- Have you attached a deed or a signed copy of your lease that does not expire before your license expires? ☐ Yes ☐ No ☐ N/A
- If applying for a liquor wholesalers license, or a small farm winery wholesale license have you attached your Brand Registration forms (ABC Form 715)? ☐ Yes ☐ No
- If applying for a liquor wholesalers license, have you attached a copy of your Surety bond on your alcoholic beverage inventory? ☐ Yes ☐ No
- If applying for a malt beverage distributors license, have you attached your Brand and Territory Designation forms from each supplier (ABC Form 714)? ☐ Yes ☐ No
- If you are applying for a small farm winery wholesaler's license have you attached a copy of your federal license issued by TTB? ☐ Yes ☐ No ☐ N/A
- Have you enclosed your Criminal Background Record Check from the state(s) where you have resided for the past five (5) years? ☐ Yes ☐ No

**FORWARDING YOUR APPLICATION TO**  
**THE KENTUCKY ABC Department**

You may now forward this application schedule (W), the ABC Basic application, all attachments, and your state license fee to:

Commonwealth of Kentucky  
Department of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850  
Fax (502) 564-1442

<http://abc.ky.gov>



(Bond)  
01/19/10

COMMONWEALTH OF KENTUCKY  
Dept. of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Site ID #

Telephone (502) 564-4850  
Fax (502) 564-1442

**DISTILLED SPIRITS, WINE AND MALT BEVERAGE TAX BOND**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

Having filed an application to engage in the business of trafficking in distilled spirits and wine in accordance with the Alcoholic Beverage Control Laws Acts of the 1983 General Assembly of Kentucky, as amended, now we, \_\_\_\_\_, Principal and \_\_\_\_\_ Surety, of (name of Surety) \_\_\_\_\_ hereby bind ourselves in the sum of \_\_\_\_\_ dollars, that the said Principal will pay to the Commonwealth of Kentucky, the amount of tax and penalties and interest for which the said Principal may become liable.

This bond shall not be binding on either Principal or Surety unless the license applied for and for which this bond is required to issue to the Principal upon proper authority of the Commonwealth of Kentucky, and shall be subject to cancellation upon sixty (60) days written notice by the Principal, Surety or proper authority of the Commonwealth of Kentucky.

This bond shall expire on \_\_\_\_\_.

Witness our hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_.

Signature of Surety \_\_\_\_\_ Date \_\_\_\_\_.

All applicants for a Brewer, Distiller, Rectifier, Blender, Vintner, Wholesaler or Non-Resident Licensee Permit must execute a bond and submit the application for a License. The amount of the bond to be determined by the Dept. of Alcoholic Beverage Control and the Kentucky Revenue Cabinet under (KRS 243.400 and KRS 243.410.)

***DISTILLED SPIRITS AND WINE BRAND REGISTRATION***

Commonwealth of Kentucky  
**Dept. of Alcoholic Beverage Control**

1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
Phone (502) 564-4850  
Fax (502) 564-1442  
<http://abc.ky.gov>

***In compliance with KRS 244.165, 244.167, 244.440, 244.450, and 804 KAR 4:240 we hereby register our brands listed herein, which will be distributed by the following named Kentucky Wholesalers:***

1. Supplier (Company Name) \_\_\_\_\_ (Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_
2. Supplier Complete Address \_\_\_\_\_
3. Supplier's Federal Permit Number \_\_\_\_\_ (Contact Person) \_\_\_\_\_
4. Authorized Signature of Supplier \_\_\_\_\_ Date \_\_\_\_\_
5. Kentucky Wholesaler Name \_\_\_\_\_ (Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_
6. Wholesaler's Complete Address \_\_\_\_\_
7. Wholesaler's Federal Permit Number \_\_\_\_\_ (Contact Person) \_\_\_\_\_
8. Authorized Signature of Wholesaler \_\_\_\_\_ Date \_\_\_\_\_
9. Name of Brands (Please print clearly one Brand per line) (Include **all current** approved brands and **new brands** being added.)

<b><i>LIST ALL CURRENT &amp; NEW BRANDS</i></b>	<b><i>LIST ALL CURRENT &amp; NEW BRANDS</i></b>
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•

***SUBMIT OR FAX ONE COPY TO (502) 564-1442.***

ABC will send the Kentucky Wholesaler this copy after its approval.  
Do not include Distilled Spirits and Wine Labels or BATF Label documentation.

**SUPERSEDES FILE NUMBER**

**EFFECTIVE DATE**

**THIS FILE NUMBER**

[illegible]

**MALT BEVERAGE BREWER BRAND APPROVAL AND  
DISTRIBUTOR TERRITORIAL DESIGNATION AGREEMENT IN KENTUCKY**

Commonwealth of Kentucky  
Dept. of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850  
Fax (502) 564-1442  
hppt//:abc.ky.gov

***In compliance with KRS 244.165, 244.167, 244.585, 244.602, 244. 604, 244.606, and 804 KAR 4:330 we hereby register our brands listed herein, which will be distributed by the following named Kentucky Malt Beverage Distributors:***

***A SEPARATE FORM MUST BE MADE FOR EACH BRAND IF HANDLED IN MORE THAN ONE TERRITORY BY DIFFERENT BEER DISTRIBUTORS.***

*THIS FORM MAY BE REPRODUCED IF NECESSARY.*

*SUBMIT TO THE KENTUCKY ABC DEPARTMENT YOUR REQUEST FOR APPROVAL NO LATER THAN 20 DAYS PRIOR TO THE INTRODUCTION OF A NEW BRAND IN KENTUCKY OR ANY CHANGES IN CURRENT AGREEMENTS.*

1. **BREWER NAME** \_\_\_\_\_  
  
ADDRESS \_\_\_\_\_  
  
TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
  
CONTACT PERSON (print name) \_\_\_\_\_ TITLE \_\_\_\_\_

2. **SUPPLIER INFORMATION:** check one (1). Are you the importer or the master distributor for this brand(s)?  
  
COMPANY NAME \_\_\_\_\_  
  
ADDRESS \_\_\_\_\_  
  
TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
  
CONTACT PERSON (print name) \_\_\_\_\_ TITLE \_\_\_\_\_  
  
LICENSE NUMBER \_\_\_\_\_.

3. **KENTUCKY BEER DISTRIBUTOR'S NAME** \_\_\_\_\_  
  
ADDRESS \_\_\_\_\_  
  
TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
  
CONTACT PERSON (print name) \_\_\_\_\_ TITLE \_\_\_\_\_  
  
LICENSE NUMBER \_\_\_\_\_.

**CONTINUED ON PAGE (2) TWO**

**MALT BEVERAGE BREWER BRAND APPROVAL AND  
DISTRIBUTOR TERRITORIAL DESIGNATION  
AGREEMENT IN KENTUCKY**

PAGE TWO OF TWO

4. **BRAND INFORMATION:** List the brand(s) of malt beverages to be distributed by the Kentucky Distributor listed in # 3 of this form.

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Are these brands of malt beverages currently assigned, or have been recently assigned, to any other Kentucky Beer Distributor for the same territory? ..... ☐ Yes ☐ No

If yes, you **MUST** obtain the signature of the Kentucky Beer Distributor this agreement will replace in #6 of this form.

5. **TERRITORY INFORMATION:** Describe the assigned territory:

6. **SIGNATURES:**

**Signature of Brewer:** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Print name of person signing: \_\_\_\_\_

**Signature of Importer or  
Master Supplier (if applicable):** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Print name of person signing: \_\_\_\_\_

**Signature of Kentucky Beer Distributor:** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Print name of person signing: \_\_\_\_\_

**Signature of Distributor being replaced  
By this agreement (if applicable):** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Print name of person signing: \_\_\_\_\_ Kentucky ABC License # \_\_\_\_\_